

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
Date Stamp (Received)

JAN 04 2021

Bayfield Co.
Planning and Zoning Agency

| | |
|--------------|-------------|
| Permit #: | 21-0014 |
| Date: | 1-26-21 |
| Amount Paid: | \$175 14-21 |
| Refund: | |

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

| | | | | | | | | | | | | | | | |
|----------------------------------------------------------------------|--|----------------------------------------|--|-----------------------------------------------|--|--------------------------------|--|-------------------------------------------------|--|---------------------------------------------------------|--|--------------------------------------------------------------------------------------------|--|--------------------------------|--|
| TYPE OF PERMIT REQUESTED → | | <input type="checkbox"/> LAND USE | | <input type="checkbox"/> SANITARY | | <input type="checkbox"/> PRIVY | | <input type="checkbox"/> CONDITIONAL USE | | <input checked="" type="checkbox"/> SPECIAL USE | | <input type="checkbox"/> B.O.A. | | <input type="checkbox"/> OTHER | |
| Owner's Name: Justin + Jenni Viken | | | | Mailing Address: 818 Old North Star Rd. | | | | City/State/Zip: Two Harbors Mn 55616 | | | | Telephone: Justin 218-220-9769 Jenni 218-830-2525 | | | |
| Address of Property: 3185 State Hwy 13 | | | | City/State/Zip: Port Wing Orienta WI 54865 | | | | | | | | | | | |
| Contractor: | | | | Contractor Phone: | | | | Plumber: | | | | Plumber Phone: | | | |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) | | | | Agent Phone: | | | | Agent Mailing Address (include City/State/Zip): | | | | Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| PROJECT LOCATION | | Legal Description: (Use Tax Statement) | | | | Tax ID# 25690 | | | | Recorded Document: (Showing Ownership) 2020 R 584953 | | | | | |
| 1/4, 1/4 | | Gov't Lot 1 part of | | Lot(s) | | CSM | | Vol & Page | | CSM Doc # | | Lot(s) # | | Block # | |
| Subdivision: | | Section 4 | | Township 49 N | | Range 9 W | | Town of: Orienta | | Lot Size 500x800 | | Acreage 1.11 | | | |

| | | | | |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Shoreland | <input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue → | Distance Structure is from Shoreline : 80 feet | Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue → | Distance Structure is from Shoreline : 350 feet | | |
| <input type="checkbox"/> Non-Shoreland | | | | |

| | | | | | | |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------|------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------|
| Value at Time of Completion * include donated time & material \$78,100 Assessed Value | Project | Project # of Stories | Project Foundation | Total # of bedrooms on property | What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property? | Type of Water on property |
| | <input type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Basement | <input type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | <input type="checkbox"/> City |
| | <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input type="checkbox"/> Foundation | <input type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary Specify Type: | <input checked="" type="checkbox"/> Well |
| | <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | <input type="checkbox"/> Slab | <input checked="" type="checkbox"/> 3 | <input type="checkbox"/> Sanitary (Exists) Specify Type: Tank and Drain field | <input type="checkbox"/> |
| | <input type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | <input type="checkbox"/> |
| | <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> | Use | <input type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | <input type="checkbox"/> |
| | <input checked="" type="checkbox"/> STR | <input type="checkbox"/> | <input checked="" type="checkbox"/> Year Round | <input type="checkbox"/> | <input type="checkbox"/> Compost Toilet | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> None | <input type="checkbox"/> | |

| | | | |
|--------------------------------------------------------------------------------|------------|-----------|------------|
| Existing Structure: (if addition, alteration or business is being applied for) | Length: | Width: | Height: |
| Proposed Construction: (overall dimensions) | Length: 40 | Width: 25 | Height: 18 |

| | | | | |
|-----------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|
| Proposed Use | ✓ | Proposed Structure | Dimensions | Square Footage |
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/> | Principal Structure (first structure on property) | (X) | |
| | <input type="checkbox"/> | Residence (i.e. cabin, hunting shack, etc.) | (X) | |
| | | with Loft | (X) | |
| | | with a Porch | (X) | |
| | | with (2nd) Porch | (X) | |
| <input type="checkbox"/> Commercial Use | | with a Deck | (X) | |
| | | with (2nd) Deck | (X) | |
| | | with Attached Garage | (X) | |
| <input type="checkbox"/> Municipal Use | <input type="checkbox"/> | Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | (X) | |
| | <input type="checkbox"/> | Mobile Home (manufactured date) | (X) | |
| | <input type="checkbox"/> | Addition/Alteration (explain) | (X) | |
| | <input type="checkbox"/> | Accessory Building (explain) | (X) | |
| | <input type="checkbox"/> | Accessory Building Addition/Alteration (explain) | (X) | |
| | <input checked="" type="checkbox"/> | Special Use: (explain) One unit short term rental | (25 X 40) | 1000 |
| | <input type="checkbox"/> | Conditional Use: (explain) | (X) | |
| | Other: (explain) | (X) | | |

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Justin + Jenni Viken
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 12-29-2020

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit _____

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

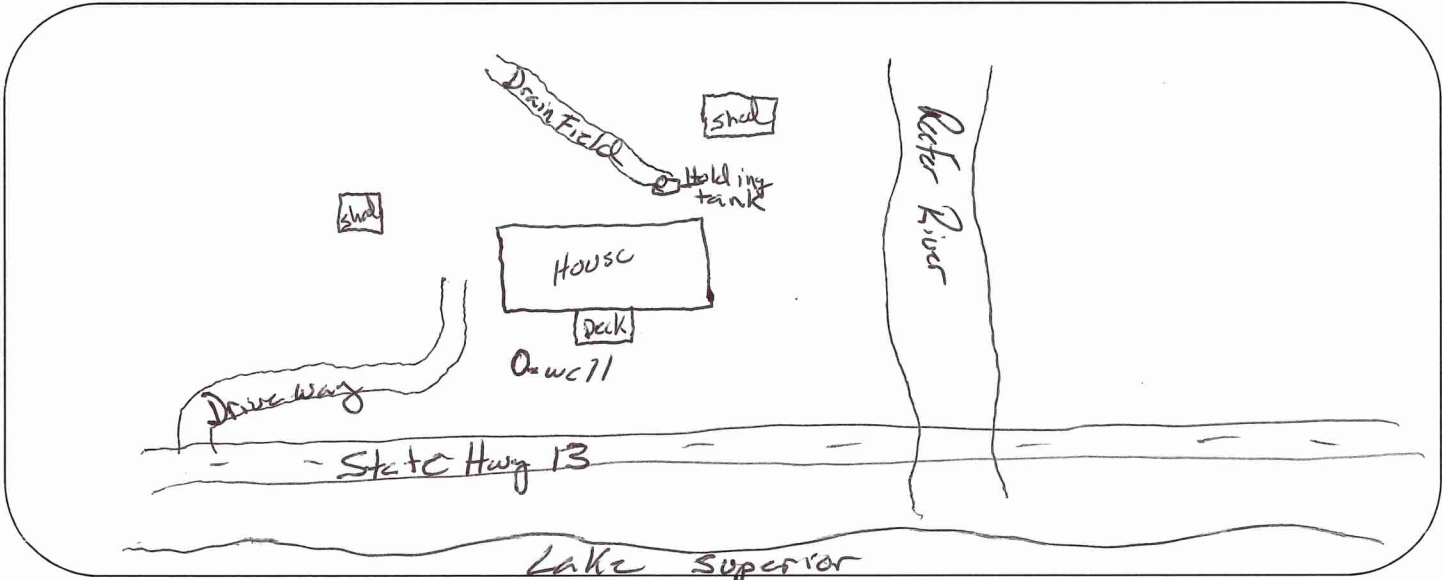
Original Application MUST be submitted

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – **NO PENCIL**

- (1) Show Location of:
(2) Show / Indicate:
(3) Show Location of (*):
(4) Show:
(5) Show:
(6) Show any (*):
(7) Show any (*):

Proposed Construction
North (N) on Plot Plan
(*) **Driveway** and (*) **Frontage Road** (Name Frontage Road)
All Existing Structures on your Property
(*) **Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT)** and/or (*) **Privy (P)**
(*) **Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(*) **Wetlands; or (*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) **Setbacks:** (measured to the closest point)

| Description | Setback Measurements | Description | Setback Measurements |
|----------------------------------------------------|----------------------|---------------------------------------------------------|---------------------------------------------------------------------|
| Setback from the Centerline of Platted Road | 150 Feet | Setback from the Lake (ordinary high-water mark) | 225 Feet |
| Setback from the Established Right-of-Way | 100 Feet | Setback from the River, Stream, Creek | 50 Feet |
| | | Setback from the Bank or Bluff | 25 Feet |
| Setback from the North Lot Line | 225 Feet | | |
| Setback from the South Lot Line | 800 Feet | Setback from Wetland | — Feet |
| Setback from the West Lot Line | 175 Feet | 20% Slope Area on the property | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line | 30 Feet | Elevation of Floodplain | Feet |
| Setback to Septic Tank or Holding Tank | 15 Feet | Setback to Well | 25 Feet |
| Setback to Drain Field | 25 Feet | | |
| Setback to Privy (Portable, Composting) | Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
 For the Construction Of New One & Two Family Dwelling: **ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.**
 The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

| | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------|--------------------|---------------------------------------------------------------------|--|
| Issuance Information (County Use Only) | | Sanitary Number: | | # of bedrooms: | | Sanitary Date: | |
| Permit Denied (Date): | | Reason for Denial: | | | | | |
| Permit #: | | Permit Date: | | | | | |
| Is Parcel a Sub-Standard Lot | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record) | <input checked="" type="checkbox"/> No | Mitigation Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is Parcel in Common Ownership | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/Contiguous Lot(s)) | <input checked="" type="checkbox"/> No | Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is Structure Non-Conforming | <input checked="" type="checkbox"/> Yes EAST PL | <input type="checkbox"/> No | | | | | |
| Granted by Variance (B.O.A.) | | Previously Granted by Variance (B.O.A.) | | | | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: | | | | | |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Inspection Record: Existing house - STR | | | | Zoning District (R2) Lakes Classification (1/3) | | | |
| Date of Inspection: 1-13-21 | | Inspected by: Todd Norwood | | Date of Re-Inspection: | | | |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.) Must obtain a Tourist Room Housing license from Bayfield County Health Department prior to renting. | | | | | | | |
| Signature of Inspector: Todd Norwood | | | | | | Date of Approval: 1-22-21 | |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | <input type="checkbox"/> | | | |

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY – **X**
SIGN –
SPECIAL – **Class A**
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **21-0014** Issued To: **Justin & Jenni Viken**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **4** Township **49** N. Range **9** W. Town of **Oriental**

Part in
Gov't Lot Lot **1** Block Subdivision CSM#

For: **Residential Other: [1 – Unit 1 - Story; Short-term Rental]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must obtain a Tourist Room Housing license from the Bayfield County Health Department prior to renting.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

Todd Norwood

Authorized Issuing Official

January 26, 2021

Date